



Texas Department of Health

Section II: Policy Issues

Issue #1 Public Health Services at Local Level

Background

Should there be a system in place to guarantee essential public health services at the local level?

The Texas Department of Health believes that to achieve the goals for health set out in “Healthy Texans,” our year 2000 objectives, a strengthening of the state’s local public health system must urgently be undertaken. Changes in Texas’ public health statutes, structure, and mission have not stayed abreast of the rapidly evolving health care, public health, and political environments. While the future offers greater health care coverage than ever before, many Texans face the reality of living in communities that have no or grossly inadequate *essential public health services*.

The Statewide Health Coordinating Council report, “Assuring a Strong Health Safety Net in Texas,” cautioned of an impending crisis in public (and personal) health care in Texas. As TDH’s capacity is stretched, the system becomes less effective and less responsive than citizens deserve and expect. Through strategic planning with its many partners, the Texas Department of Health would like to make the rebuilding of local public health its next major initiative.

Role of Public Health

Public health’s essential responsibilities are those which cannot, should not, or would not be handled by private or corporate businesses. The system or infrastructure needed is a relatively small one but none-the-less vital to community wellness and the success of state and federal goals for Texas. Health departments use the proactive tools of health promotion and disease prevention to carry out the responsibility to:

- Assess and monitor the health of communities and populations at risk to identify health problems and priorities;

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- Collaborate with community and government leaders to formulate public policies designed to solve identified local problems and priorities;
 - Assure that all populations have access to appropriate and cost-effective health care including health promotion and disease prevention services and to evaluate the effectiveness and quality of that care.

These *essential responsibilities* are critical to the economic, mental and physical health of communities and are as important at the local level as at the state and national levels of government. Public health agencies, as the governmental representatives of public health, should provide leadership and focus to the collective efforts in the community that are addressing this mission.

Discussion

In 1983, the Texas Legislature passed the Local Public Health Reorganization Act ("Reorganization Act," Chapter 121 of the Health and Safety Code) and, in 1985, the law was amended. The law and its amendments repealed some outdated provisions and provided some common nomenclature for existing local public health entities. The Reorganization Act did not change the state's permissive stance toward the local government's provision of public health services. Though many lists of "essential" public health services have been created since that time, no definitions or lists have been incorporated into statute, and local governments in Texas can still opt out of the provision of public health services.

The Reorganization Act:

- Permits a TDH Regional Director to perform the duties of a health authority at the request of local governments.
- Allows for the formation of local public health departments and districts by counties, cities, or combinations thereof when advantageous for the provision of services.
- Gives TDH authority to contract with governmental entities that have organized for purposes of service provision.
- Requires TDH to hold an annual conference for health authorities and directors of local health departments.

The Act does not:

- Recognize the importance of public health at the local level.
- Establish the responsibilities of state and local governments in providing public health services.
- Provide a current list of essential public health services to be provided by local governments.
- Require TDH to contract with local governments that provide essential public health services.
- Provide mechanisms for funding essential public health services.

No Mandate for Essential Public Health Services

Cities and/or counties in Texas are not required by the state to maintain local health departments or to provide any essential public health services. Services such as disease control (i.e., measles, meningitis, or rabies exposure response), sanitation (nuisance abatement, vector control, or environmental health), and epidemiology (disease surveillance, reporting, and trend analysis) are not visible in many communities. Categorical funding and multiple state agency responsibility, makes obtaining assistance a challenge for citizens when there is no local entity charged with the broad, overarching mission and responsibility for health.

Individual to Population-Based Services

Texas' statewide public health system was significantly larger in the past, due to state and local health department clinics which were funded and charged with providing preventive and primary care services to the medically needy. These staff, trained in public health and clinical care, could interrupt their clinical activities to react to disease threats, environmental emergencies, or community crisis. This system, which prioritizes primary care for the needy above all public health functions, is fragmented; crisis oriented; and unable to perform the more proactive, population-oriented, and essential public health services for the community at large. A maintenance of the status quo is all that can be realistically expected of such a system.

In rural areas, where local public health departments rarely exist, TDH and other agencies appropriately or necessarily send in program staff to assist. This unfortunate, but frequent occurrence, leads to the impression that public health activities need only be reactive, and that, if only by default, it is the state's responsibility. When state agency specialists have to respond to straightforward local issues, a problem-resource mismatch is often created and tension in categorical programs is created because "performance measure" activities must be put aside.

Large local health departments suffer similar misunderstandings about their primary mission and have "distracting" expectations placed on them as well. When the essential functions are not explicitly funded, these agencies, too, must borrow from other resources such as fee-based or grant-related staff to react to public health urgencies and emergencies and struggle to find resources to do the more proactive essential functions. Many local health departments in Texas have 20 to 30 different funding sources, none of which stipulate the provision of the essential functions.

The efficiency and effectiveness of TDH programs can be helped in no greater way than through strengthening our local presence and partners. Communities need protection from dangers that can threaten the health of the entire population. The challenges affecting health in our communities demand a new and different model but one in which public health, providing its essential services, should be no less a partner. The Turning

Point strategic planning process exemplifies how local public health and its partners can engage communities to improve public health. Beginning with statutory definitions, clarification of responsibility, and authority to create funding mechanisms, TDH can continue its strategic planning process to ensure essential public health services across the state.

Recommendations

- Statutorily recognize public health's critical role by defining it and stipulating minimal standards of essential service provision.
- Enact legislation that clearly defines responsibilities for public health agencies at the state and local levels.
- Establish a dedicated fund for local capacity to provide essential public health services and specify funding sources in the statute with performance measures for their use.
- Require TDH to develop procedures for contracting with all local health departments that provide essential services.
- Require TDH to produce a public health improvement plan every two years which defines standards for health protection including an accounting of deficits in ability to perform the essential service.